

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, April 18, 2019 at the hour of 10:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH; Mike Koetting (Substitute Member) and Mary B. Richardson-Lowry (Substitute Member) (3)

Board Chair M. Hill Hammock (ex-officio) and Director David Ernesto Munar

Telephonically

Present: Patrick T. Driscoll, Jr. (Non-Director Member)

Absent: Directors Heather M. Prendergast, MD, MS, MPH and Layla P. Suleiman Gonzalez, PhD, JD (2)

Additional attendees and/or presenters were:

Linda Follenweider – Chief Operating Officer,
Correctional Health

Trevor Lewis, MD – John H. Stroger, Jr. Hospital
of Cook County

Jeff McCutchan – General Counsel

Iliana Mora – Chief Operating Officer, Ambulatory
Services

John O'Brien, MD – Chair, Department of
Professional Education

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief Executive Officer

Ronald Wyatt, MD – Chief Quality Officer

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

Dr. Ronald Wyatt, Chief Quality Officer, provided a brief update on regulatory and accreditation matters. He stated that he attended the Annual Leadership Forum at The Joint Commission yesterday. At the Forum, they focused on leadership, specifically relating to professionalism, and sterile processing.

B. Metrics (Attachment #1)

Dr. Wyatt provided an overview of the metrics. The Committee reviewed and discussed the information.

C. Diabetes Care Update (deferred to May)

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)

There were none presented for the Committee's consideration.

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #2)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, provided his report. He stated that, at the recent EMS meeting, they received presentations from Obstetrics/Gynecology and the Operating Room Committee.

Director Driscoll, seconded by Director Koetting, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, was unable to attend the meeting. The Committee considered the proposed Provident Hospital medical staff actions presented for their consideration.

Director Driscoll, seconded by Director Koetting, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, March 22, 2019

Director Driscoll, seconded by Director Koetting, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of March 22, 2019. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV, V and VI

V. Recommendations, Discussion/Information Items

A. Strategic Planning Discussion:

- **Graduate Education** (Attachment #3)
 - **Approve proposed clinical training affiliation agreements** (Attachment #4)

Dr. John O'Brien, Chair of the Department of Professional Education, provided an overview of the presentation on Graduate Education and related action items, which included information on the following items:

V. Recommendations, Discussion/Information Items

A. Strategic Planning Discussion (continued)

- Overview of the Department of Professional Education
- Impact 2020 Update – Status and Results
- History of Medical Training in the U.S.
- Moving Away from a Service-Based Residency Model
- Final Deliverables
- Recruit Outstanding Medical Students
- Origin of Medical Students for the Incoming Class
- Train in High Quality Residencies
- Train in High Quality Fellowships
- Retention of Graduates
- Retention of Graduates in the Last Three Years
- Rotator Programs
- Cost Analysis
- FY2020-2022 – The Future
- Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
- FY2020-2022 Strategic Planning Recommendations
- Action Items – Agreements for Review and Approval

During the review of the information relating to staffing, Dr. Shannon noted that Dr. O'Brien is the Designated Institutional Official for the organization's training programs. Each of those training programs has a physician program director and supports within them. Director Richardson-Lowry requested a chart reflecting the positions within the Department of Professional Education and related training programs.

During the discussion of the information regarding the origin of medical students, it was stated that 40% of the primary care physicians are from outside of the U.S. Director Richardson-Lowry requested information on the breakdown and how the organization compares to comparably sized institutions with similar focus.

Director Richardson-Lowry suggested that, with regard to the work being done by staff to secure visas for residents, perhaps the administration should look into potential internal or external resources to assist.

• Primary Care / Maternal Child Care (Attachment #5)

Iliana Mora, Chief Operating Officer of Ambulatory Services, provided an overview of the presentation on Primary Care / Maternal Child Care, which included information on the following items:

- Overview of Ambulatory Health Centers
- FY2018 Overview of Cook County Health (CCH) Patients Demographics
- FY2018 Primary Care Visits
- FY2018 Specialty / Diagnostic / Procedure Visit Volume
- Impact 2020 Update – Status and Results
- FY2020-2022: The Future – Environmental Scan of Market, Best Practices and Trends
- Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
- FY2020-2022 Strategic Planning Recommendations

V. Recommendations, Discussion/Information Items

A. Strategic Planning Discussion (continued)

During the review of the information, Director Richardson-Lowry requested that a map be provided that includes a clear legend that reflects where CCH clinics and Federally-Qualified Health Centers (FQHCs) are located, and include the categories of services provided by CCH clinics versus the FQHCs. This will help the Board as they think strategically about where to move or not, and where there might be synergy or not. It will also inform their thinking with respect to marketing strategies, as well as any potentials around mergers and forecasting.

Additionally, Director Richardson-Lowry stated that, with respect to the nomenclature relating to the maternal infant mortality rate, particularly amongst African Americans, the term “project,” was used. Project by definition has a start and an end. In an earlier conversation, Chair Gugenheim noted that, by having the mentality of it being a project, the organization did not get to the point where the systemic issues were addressed. As the organization moves towards addressing the systemic issues and maximizing the opportunities, she requested that the term “project” not be used.

With regard to slide 34 of the presentation, in the category of Opportunities within the SWOT Analysis, Director Richardson-Lowry requested that the word “maternal” be included with the bullet on prenatal and pediatric patient base.

Director Driscoll, seconded by Director Koetting, moved to approve the proposed clinical training affiliation agreements. THE MOTION CARRIED UNANIMOUSLY.

VI. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes
- B. Claims, Litigation and Quality and Patient Safety Matters
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996
- D. Quality and Patient Safety Report

Director Koetting, seconded by Director Richardson-Lowry, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk

VI. Closed Meeting Items (continued)

management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

THE MOTION CARRIED UNANIMOUSLY and the Committee recessed into a closed meeting.

Chair Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

VII. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

- Request: A request was made for a chart reflecting the positions within the Department of Professional Education and related training programs. Page 3
- Request: With regard to the statement that 40% of CCH primary care physicians are from outside of the U.S., a request was made for a breakdown and how the organization compares to comparably sized institutions with similar focus. Page 3
- Follow-up: A suggestion was made, with regard to the work being done by staff to secure visas for residents, that perhaps the administration should look into potential internal or external resources to assist. Page 3
- Request: A request was made for a map that includes a clear legend that reflects where CCH clinics and Federally-Qualified Health Centers (FQHCs) are located, and include the categories of services provided by CCH clinics versus the FQHCs. Page 4
- Request: With regard to slide 34 of the presentation, in the category of Opportunities within the SWOT Analysis, a request was made that the word “maternal” be included with the bullet on prenatal and pediatric patient base. Page 4